My Action Plan for **Diabetes**

Oregon Health Plan Care Coordination | 1-800-562-4620 | www.OHPCC.org

*Keep medical appointments and take this action plan with me to discuss with my medical provider.

Medical Provider Information

Name: _____

Phone: _____

Health Coach Information

Name: _____

Phone: _____

Green Zone

Things to do every day:

- ☐ Take my medicines as prescribed, even when I feel well
- ☐ Check my blood sugar (fill in chart with my medical provider)
- ☐ Check my feet every day for sores or redness
- ☐ Wear shoes and socks that fit well
- ☐ Follow my meal plan
- ☐ Get some exercise
- ☐ Other:

_____

Testing my blood sugar:

- ☐ I plan to test my blood sugar _____ times daily
- ☐ Average blood sugar (A1C):_____
- ☐ Before breakfast ☐ ____ hours after breakfast
- ☐ Before lunch ☐ ____ hours after lunch
- ☐ Before dinner ☐ ____ hours after dinner

My target blood sugars are:

- ☐ Before meals: _____ ☐ Bed time: _____
- ☐ After meals: _____

Yellow Zone

Talk to my medical provider if:

- ☐ My blood sugar is over _____ or less than _____
- ☐ I have chest pain or tightness
- ☐ I feel weak or tingling on one side of my body
- ☐ I have new vision problem
- ☐ I have new speech problems
- ☐ I have new sores or redness on my feet
- ☐ I feel dizzy or confused
- ☐ I am thirstier than normal
- ☐ I need to go to the bathroom more than normal
- ☐ I am having problems with or have questions about my medicine

Additional notes:

_____

_____

_____

_____

_____

_____

Continue to back...

My Action Plan for

Diabetes (cont'd)

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Red Zone

Signs of high blood sugar:

- ☐ Feeling thirsty
- ☐ Feeling hungry
- ☐ Feeling tired
- ☐ Feeling nauseated
- ☐ Rapid, shallow breathing
- ☐ Fruity breath odor
- ☐ Going to the bathroom a lot
- ☐ Blurry vision
- ☐ Feeling weak
- ☐ Warm dry or flushed skin

What should I do? (Review with medical provider):

- ☐ Check blood sugar and if it is over _____, call my medical provider for instructions
- ☐ Other: _____
- ☐ Other: _____

Signs of low blood sugar:

- ☐ Feeling shaky or weak
- ☐ Feeling dizzy
- ☐ Impulse to vomit
- ☐ Sweating
- ☐ Feeling confused
- ☐ Passing out
- ☐ Feeling tired
- ☐ Headaches
- ☐ Blurry vision
- ☐ Seizures

What should I do? (Review with medical provider):

- ☐ Check blood sugar and if it is below 70, eat/drink something with 15 grams of carbohydrates
- ☐ Check my blood sugar again in 15 minutes; if still below 70, eat/drink something with 15 grams of carbohydrates

Good choices for treating low blood sugar:

- ☐ Drink 1/2 cup of orange juice
- ☐ Chew and swallow 5-6 Life Savers candy
- ☐ Chew and swallow 3 glucose tablets (found at my local pharmacy)
- ☐ Drink 1/2 cup of regular soda (Coke, Sprite, Pepsi)

Other: _____

_____

Other: _____

_____

Blue Zone – *My Plan*

- ☐ Eye exam by eye doctor
- ☐ ACE medication
- ☐ ACE/ARB Medication
- ☐ Pneumonia shot
- ☐ Annual foot exam by doctor
- ☐ LDL Screening
- ☐ Annual flu shot
- ☐ Urine test for protein
- ☐ Meal Plan
- ☐ Aspirin
- ☐ A1C Test
- ☐ Activity/Exercise Plan

Goals:

My weight is: _____ My goal is: _____

My blood pressure is: _____ My goal is: _____

My LDL Cholesterol is: _____ My goal is: _____

My A1C: _____ My goal is: _____

My blood sugar is: _____ My goal is: _____